

# STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Perry L. Farrow III  
dba Palmetto Moving  
& Storage

OFFICE OF REGULATORY STAFF

OCT 13 2010

226432  
DO10/15/10

## BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

### TRANSPORTATION COVER SHEET

#### DOCKET

NUMBER: 2002 - 304 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Perry L. Farrow III

Telephone: (864) 376-4131

Address: 102 Newington Cir.  
Anderson, SC 29621

Fax: (864) 328-9530

Other:

Email: farrowperry@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

#### NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☒ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED  
OCT 13 2010  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

8/11/10

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: Oct. 8, 2010

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to request reinstatement or amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☐ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties) \_\_\_\_\_

Amended Scope:  
(list counties) \_\_\_\_\_

☒ Reinstatement of Authority

My Certificate of Public Convenience and Necessity Number is 9725. My certificate was revoked/  
cancelled on 10/13/06 because Failure to maintain & file evidence of insurance  
I am seeking reinstatement because I have moved back to SC after a 5 year  
absence and wish to reopen Palmetto Moving & Storage

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Perry L. Farrow III dba Palmetto Moving & Storage  
102 Newington Cir. Anderson, SC 29621  
Street Address of Applicant

Mailing Address of Applicant if different from street address

(864) 376-4131

Phone

(864) 328-9530

FAX

farrowperry@yahoo.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

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4. Applicant proposes to operate service as follows: (Check one.)

- ☐ Intrastate Only ☒ Interstate Only ☐ Both

5. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of convictions below.*

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7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☒ Yes ☐ No

*If yes, list dates and nature of revocations below.*

certificate 9725 revoked on 10/13/06 after a voluntary  
1 year suspension requested by me, Perry L. Farrow III,  
due to fact that I moved out of state. I requested  
suspension for reasons of not knowing when or if I  
would return to SC.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month October Year 2010

### Assets:

Cash	12,000.00
Receivables	—
Real Estate	104,000.00
Buildings and Equipment (Net)	3,000.00
Motor Vehicles (Net)	15,000.00
Garage Equipment (Net)	750.00
Machinery and Tools (Net)	2,800.00
Supplies on Hand	2,175.00
Prepays and Other Assets	—
<b>Total Assets</b>	<b>\$ 139,725.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	1,200.00 / yr
Notes Payable	—
Mortgages Payable	7,250.00 / yr
Equipment Obligations	—
Accrued Salaries and Wages	—
Other Accrued Obligations	—
Other Liabilities	—
<b>Total Liabilities</b>	<b>\$ 8,450.00 / yr</b>
Capital Stock	—
Retained Earnings	\$ 45,000.00
<b>Total Equity</b>	<b>\$ 45,000.00</b>
<b>Total Liabilities and Equity</b>	<b>\$ 53,450.00</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

2 men \$75<sup>00</sup>/hr with \$200<sup>00</sup>/minimum

3 men \$95<sup>00</sup>/hr with \$255<sup>00</sup>/minimum

Additional men @ 20<sup>00</sup>/hr each

Bulky Items add. \$85<sup>00</sup> (ie. gunsafe, pool tables, pianos, etc)

Additional \$90<sup>00</sup> charge for moves between 30-60 miles.

Moves of 60 plus miles will be billed @ 6<sup>00</sup>/mile one way  
(no hourly charge billed during this travel time)

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

Anderson County

Oconee County

Pickens County

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Number of seats if passenger carrier or tonnage if freight carrier.

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Perry L. Farrow III DBA Palmetto Moving & Storage  
Name of Motor Carrier

102 Newington Cir. Anderson, SC 29621  
Address of Motor Carrier

### Amount of Premium:

### Limits Quoted: (See Below)

Liability Insurance	\$ <u>1257/6mth</u> <u>\$2514/year</u>	Limits	<u>\$ 750,000</u>
Cargo Insurance	\$ <u>279/6mth</u> <u>\$ 558/year</u>	Limits	<u>\$ 10,000</u>

\* Attach Certificate of Insurance if available.

Progressive Northern Insurance Co.  
Name of Insurance Company

PO Box 5136 Anderson, SC 29623  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10-8-10 Cynthia J. Odgers  
Date Authorized Insurance Company Representative's Signature

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

6 months quote

**PROGRESSIVE**

THE PEOPLES AGENCY  
PO BOX 5136  
ANDERSON, SC 29623

Underwritten by:  
Progressive Northern Insurance Co  
October 4, 2010  
Policy Period: Oct 4, 2010 - Apr 4, 2011  
Page 1 of 3

PERRY FARROW  
DBA: PALMETTO MOVING & STORAGE  
102 NEWINGTON CIRCLE  
ANDERSON, SC 29621

Customer Phone number: 1-864-376-4131

## Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through [progressiveagent.com](http://progressiveagent.com), your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

### Policy information

Business type: Trucking For-Hire  
Sub business type: Household Movers

### Quote for 6 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$1,842.00
Paid in full discount	-255.00
Policy premium if paid in full	\$1,587.00

### Payment plans

Payment Method: 1 payment

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$1.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
6 Payments, 20.0% Down	\$1,842.00	\$409.20	5 payments of \$287.56
5 Payments, 20.0% Down	\$1,842.00	\$409.20	4 payments of \$359.20

Make payments by mail or at [progressiveagent.com](http://progressiveagent.com). Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
3 Payments, 40.0% Down	\$1,842.00	\$767.40	2 payments of \$542.30
1 Payment	\$1,587.00	\$1,587.00	None
2 Payments, 50.0% Down	\$1,842.00	\$946.50	1 payment of \$900.50
OPF	\$1,842.00	\$1,842.00	None

### To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at 1-864-224-7444. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

  
Continued



**Rated drivers**

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital Status	Points	Additional Information
PERRY FARROW	38	Married	0	

**Outline of coverage****Auto coverage part**

Description	Limits	Deductible	Premium
Liability To Others			\$895
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Uninsured Motorist			46
Bodily Injury	\$750,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			42
Bodily Injury	\$750,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$5,000 each person		10
Comprehensive			93
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			117
See Auto Coverage Schedule	Limit of liability less deductible		
Downtime/Rental Reimbursement			54
See Auto Coverage Schedule			

**Subtotal policy premium****\$1,257****Motor Truck Cargo coverage part**

Description	Limits	Deductible	Premium
Motor Truck Cargo	(Min.) \$10,000	\$1000	\$279
<b>Subtotal policy premium</b>			<b>\$279</b>
PUC Filing Fee			25
South Carolina Uninsured Motorist Fund charge			1
State Cargo (Form H) Filing Fee			25
<b>Total 6 month policy premium</b>			<b>\$1,587</b>

**Rated commodities**

1. Appliances
2. Furniture (New)
3. Clothing & Shoes (Non-Designer)
4. Other Consumer Goods

# Auto coverage schedule

1. 1997 INTL 470 Stated Amount: \$15,000  
VIN: 1HTSCAAM2VN442863 Garaging Zip Code: 29621 Territory: 4 Radius: 300 miles  
Personal use: N Body type: Straight Truck Use class: H

? what is value of truck

Liability Premium	Liability	UM	UM	UM PD	UM PD	Med Pay	
	\$895	\$33	\$41	\$13	\$1	\$10	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium			
	\$1,000	\$93	\$1,000	\$117			
Other Coverages Premium	Downtime And Limit	Downtime And Premium					Auto Total
	\$100 per day Max \$3000	\$54					\$1,257

## Premium discount

Policy \_\_\_\_\_  
Paid in Full

Form QTE (05/08)

**Exhibit FWA**

Perry L. Farrow III dba Palmetto Moving & Storage  
Name

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

SWORN TO BEFORE ME  
This 8th day of October, 2010

Cynthia I. Odgers  
Notary Public

Commission Expires April 30, 2019

Perry L. Farrow III  
Applicant's Signature

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Anderson

Perry L. Farrow III  
Applicant's Signature

I,

Perry L. Farrow III  
Name of Applicant's Representative

owner  
Title

of

dba Palmetto Moving & Storage  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Perry L. Farrow III  
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 8<sup>th</sup> day of October, 2010

Cynthia I. Dodgens  
Notary Public

Commission Expires April 20, 2019

RECEIVED

OCT 13 2010

Oct. 8, 2010

Attachment to Class E Reinstatement Form  
Docket #: 2002 -- 304 - T  
Perry L. Farrow III DBA Palmetto Moving & Storage

ORS  
TTW.WW

I am seeking reinstatement because I once again reside in Anderson after living out of state for 5 years. I was granted a Certificate of Public Convenience and Necessity (# 9725) on Feb. 3, 2003. Less than six months after obtaining certificate my wife received an outstanding job offer in North Carolina, 5 and 1/2 hours away. My family and I moved to North Carolina in July of 2003 and I traveled back and forth for months operating and trying to grow my business. It got to be to much strain on me and my family so I put my truck in storage and filed for a Voluntary Suspension on June 7, 2005. I did not know if or when we may ever move back to South Carolina so I let my Insurance go, which caused me to have my certificate revoked. With good fortune my wife's job has brought us back to our hometown and I would like to get reinstated to pursue building a business that I started years ago. I am a hands on person and will be involved with all day to day activities of this business, including working the jobs. I am looking forward to that opportunity to do something I'm passionate about.

Thank You,



Perry L. Farrow III

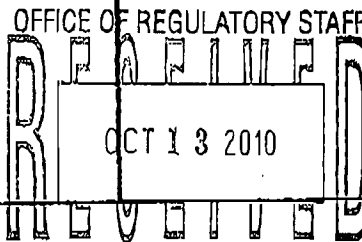
# CLASS E REINSTATEMENT FORM

File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815



DATE: Oct. 8, 2010

Please consider this an application for Reinstatement of my:

- ☒ Class E Household Goods Certificate (See attached form and provide documentation)  
☐ Class E Hazardous Waste Certificate

My Certificate of Public Convenience and Necessity No. is 9725. My certificate was  
revoked/cancelled on 10/13/06 because Failure to maintain and file

evidence of insurance I am seeking reinstatement because I have moved back to

SC and wish to reopen moving business \* see attached page \*

Perry L. Farrow III  
(Name of Company)

DBA Palmetto Moving & Storage  
(if applicable)

102 Newington Cir  
(Street Address)

102 Newington Cir.  
(Mailing Address, City, State, Zip Code)

Anderson, SC 29621  
(City, State, Zip Code)

Perry L. Farrow III  
(Signature)

(864) 376-4131  
(Telephone Number)

Owner  
(Title) Owner, President, etc.